

PART B - FEE(S) TRANSMITTAL

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24395 7590 07/11/2007

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| |
|--------------------|
| (Depositor's name) |
| (Signature) |
| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|--------------------------------|------------------|
| 10/718,614 | 11/24/2003 | Stephen R. Glaser | GLA-101-C0N 6153B-8001.US01 | 1603 |

TITLE OF INVENTION: METHOD AND APPARATUS FOR PERFORMING VISION SCREENING

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|------------------|--------------|----------------|---------------------|-------------------------------------|------------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | 10/11/2007 |
| | | | | 09/26/2007 MGEBREM2 08000021 502283 | 10718614 | |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | 01 FC:2501 02 FC:1504 | 700.00 DA 300.00 DA | |
| MANUEL, GEORGE C | 3762 | 351-239000 | | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

PERKINS COIE LLP

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GLASER VISION, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rockville, MD

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

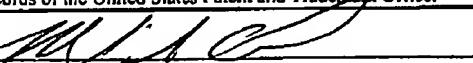
A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-2283** (enclose an extra copy of this form).

5. Change In Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

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Authorized Signature 

Date 09/25/2007

Typed or printed name Michael A. Oblon

Registration No. 42,996

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